### **Late Contribution Report**

## Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

		Date of This Filing01/31/2019	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1399974	Report No273602-28		For Official Use Only	
STREET ADDRESS		Amendment to Report No	Page 1 of 4		
CITY Sacramento	STATE ZIP CODE CA 95814	No. of Pages 4			

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/29/2018	Fresenius Medical Care North America Newton, KS 67114	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$420.00
10/31/2018	Memo Reference: NON:S497:827 Fresenius Medical Care North America Newton, KS 67114  Memo Reference: NON:S497:829	□ IND □ COM ■ OTH □ PTY □ SCC		\$7,480.00
10/31/2018	Fresenius Medical Care North America Newton, KS 67114  Memo Reference: NON:S497:831	□ IND □ COM ■ OTH □ PTY □ SCC		\$3,072.76

\*Contributor Codes

IND - Individual PTY - Political Party

COM - Recipient Committee (other than PTY or SCC) SCC - Small Contributor Committee

OTH - Other

Reason for Amendment:

Adjust amount of in-kind.

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

### **Late Contribution Report**

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LATE CONTRIBUTION REPORT

NAME OF FILER  No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		Date of This Filing	01/31/2019	Date Stamp	CALIFORNIA FORM 497			
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1399974		Report No. 273602-28		Fr	For Official Use Or	For Official Use Only	
STREET ADDRESS		Amendment to Report No		Page 2 of 4				
CITY Sacramento	STATE CA	ZIP CODE 95814	(explain below)  No. of Pages	4				

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/02/2018	DaVita Washington, DC 20001	☐ IND ☐ COM ■ OTH ☐ PTY		\$46,908.13
	ID# 1257183 Memo Reference: NON:S497:830	SCC IND COM OTH		
		☐ PTY☐ SCC☐ IND☐ COM		
		☐ OTH☐ PTY☐ SCC		

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FPPC Toll-Free Helpline: 866/ASK-FPPC

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NAME OF FILER No on Proposition 8: Stop the Dangerous Dialysis Proposition, sponsored by the California Dialysis Council		Date of This Filing 01/31/2019	Date Stamp	CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER (916)442-7757	I.D. NUMBER (if applicable) 1399974	Report No273602-28		For Official Use Only	
STREET ADDRESS		Amendment to Report No	Page 3 of 4		
CITY Sacramento	STATE ZIP CODE CA 95814	(explain below)  No. of Pages4			

### Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Adjust amount of in-kind.

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

M. D.C. NOVIGAGE 600
Memo Reference: NON:S497:830 In-kind contribution for shipping costs
and to anto the sampping to sample and the sample a
Memo Reference: NON:S497:831 In-kind contribution for mailer
In-kind contribution for mailer
Memo Reference: NON:S497:829
Memo Reference: NON:S497:829 In-kind contribution for CMP
Marrie Deference: NON-S407-927
Memo Reference: NON:S497:827 In-kind contribution for digital